

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Thomas J. Helmke Mailing Address 5820 Summit St City Sylvania State OH Zip Code 43560 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Doubting Thomas Publishing Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: IE050908.0010200 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
300.00																							
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. J. Jackson Mailing Address 310 4th St NE City Charlottesville State VA Zip Code 22902 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer J Brian Jackson Attorney Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: IE050908.0010141 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
300.00																							
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Christine Jewell Mailing Address 3469 Windham Lake Cir City Indianapolis State IN Zip Code 46214 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Health Systems Recovery Llc Occupation Ceo Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: IE050908.0010044 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	5	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	0	5														
300.00																							

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....